

Clear Form

IT-HQ  
(REV 4/02)

**GEORGIA DEPARTMENT OF REVENUE**  
**1800 Century Center Blvd, Ste 15318**  
**Atlanta, Georgia 30345**  
**Phone: (404) 417-2441 Fax: (404) 417-6651**

**APPLICATION FOR GEORGIA  
HEADQUARTERS JOB TAX CREDIT**

**FOR DEPARTMENT USE ONLY**

Project Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Reviewed by ITD \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_

*Tax Year End* \_\_\_\_\_ MM/DD/YY

Name of Applicant / Taxpayer (Legal Name) \_\_\_\_\_

Headquarters Address of Applicant / Taxpayer  
City, State and Zip Code

What was the first date on which taxes  
were withheld on wages of employees at  
such Headquarters?

MM/DD/YY

What date did you establish or relocate your headquarters?

MM/DD/YY

Telephone Number of Contact Person  
(000) 000-0000

What date were at least 100 persons employed in  
new full time jobs at new Headquarters?

MM/DD/YY

Contact Person

Contact Title

On what date did you spend \$1 million at  
the Headquarters location?

MM/DD/YY

**A. TYPE OF BUSINESS (Check only one box.)**

☐ Sole Proprietor (SSN) \_\_\_\_\_ ☐ Partnership/LLC ☐ C Corporation  
☐ S Corporation ☐ Other (Specify) \_\_\_\_\_

1) If Business is a Corporation, please list the state of incorporation: \_\_\_\_\_

2) Federal Employer ID Number: \_\_\_\_\_

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**B. CURRENT FINANCIAL INFORMATION:**

1. Nature of business \_\_\_\_\_
2. NAICS Code (*six digit level*) \_\_\_\_\_
3. Describe the product(s) produced or service(s) provided \_\_\_\_\_
4. County / Tier \_\_\_\_\_ / \_\_\_\_\_
5. Projected payroll expense including benefits (annual) \_\_\_\_\_
6. Projected number of **new** jobs created after completion of the Headquarters project and estimated time frame.

Estimated timeframe \_\_\_\_\_

Estimated new jobs created by year, if applicable

Year 1) \_\_\_\_\_  
Year 2) \_\_\_\_\_  
Year 3) \_\_\_\_\_  
Year 4) \_\_\_\_\_  
Year 5) \_\_\_\_\_  
Year 6) \_\_\_\_\_  
Year 7) \_\_\_\_\_

7. Average weekly employee wage (*of new jobs*) \_\_\_\_\_
8. Average wage of the County/ Tax Year: \_\_\_\_\_ / \_\_\_\_\_
9. Percentage above County Average Wage: \_\_\_\_\_
10. Total payroll expense including benefits (*of new jobs*) \_\_\_\_\_
11. Legal Representative of Company. (If authorized to represent the Company, please include power of attorney.)

\_\_\_\_\_  
(Firm)

\_\_\_\_\_  
(Contact Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

(000) 000-0000

\_\_\_\_\_  
(Phone Number)

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**C. PROJECT CATEGORY: (please check one)**

☐ Established New Headquarters

☐ Relocating Headquarters

Location \_\_\_\_\_

Location (from where) \_\_\_\_\_

Location (to where) \_\_\_\_\_

**D. SUMMARY OF Expenses at Headquarters (please note that total investment must exceed \$1 million prior to use of this incentive)**

1. Land Cost..... \$ \_\_\_\_\_
2. Building cost (new construction)..... \$ \_\_\_\_\_
3. Purchase or Lease of Existing Facility Structure ..... \$ \_\_\_\_\_
4. Renovations or Improvements to Existing Structure..... \$ \_\_\_\_\_
5. Office Furniture and Fixtures..... \$ \_\_\_\_\_
6. Machinery and Equipment..... \$ \_\_\_\_\_
7. Other (please identify separately) ..... \$ \_\_\_\_\_

**Total Headquarters Cost (by county)**

\_\_\_\_\_

**E. LIST ALL INCENTIVES/INDUCEMENTS (INCLUDING ANY TAX CREDITS CURRENTLY IN PLACE OR THAT WILL BE APPLIED FOR THE PROJECT DURING THE PERIOD THAT THE TAXPAYER CLAIMS THE HEADQUARTERS JOB TAX CREDIT).**

**F. At a minimum, attach a schedule which provides the information below for all Headquarters employees:  
(Note: Wage means average weekly wage, and includes bonuses, incentive pay, etc.)**

Employee Name	Social Security #	Wage	Percent above County Avg.	Headquarters Duties
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**G. Calculation of Credit**

<b>Number of Full-Time Headquarters Jobs Subject to Withholding</b>							
<b>County</b>	<b>FYE 20</b>	<b>FYE 20</b>	<b>FYE 20</b>	<b>FYE 20</b>	<b>FYE 20</b>	<b>FYE 20</b>	<b>FYE 20</b>
<b>Month/Year</b>							
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							
<b>11</b>							
<b>12</b>							

<b>Line 1: Total Employees</b>							
<b>Line 2: Divided by: Number of Months</b>							
<b>Line 3: Average of Full- Time Employees</b>							
<b>Line 4: Carryover from prior year</b>							
<b>Line 5: If line 3 is 100 or &gt; multiply by \$2,500 or \$5,000</b>							
<b>Line 6: Add lines 4 and 5 for Total Available Credit</b>							

**H. Additional Instructions:**

This credit can not be claimed by taxpayers who elect to receive the tax credits provided for by Code sections 48-7-40, 48-7-40.1, 48-7-40.2, 48-7-40.3, 48-7-40.4, 48-7-40.7, 48-7-40.8 and 48-7-40.9 for such jobs or such investment. Wage refers to the average weekly wage. The average weekly wages include the total dollars paid (including bonuses, incentive pay, etc.)

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**I. CERTIFICATION BY APPLICANT**

**Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining certification from the Panel.**

Date: \_\_\_\_\_ MM/DD/YY

Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Officer

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (000) 000-0000

Subscribed and sworn to before me, a Notary Public in and for said County and State, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires:

\_\_\_\_\_ MM/DD/YY

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Resident of \_\_\_\_\_ County

State of \_\_\_\_\_